

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		2/3	2/3/66
<b>FORMALITY REVIEW</b>	7.7	70466	2/21/66
<b>RESPONSE FORMALITY REVIEW</b>	7.7	1091	6/14/66

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Date
1	Original	
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	0	0
10	0	0
11	0	0
12	0	0
13	N	
14	N	
15	N	
16	N	
17	N	
18	N	
19	✓	✓
20	✓	✓
21	N	
22	N	
23	N	
24	N	
25	N	
26	N	
27	N	
28	N	
29	0	
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Claim	Final	Date
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Claim	Final	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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